

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029792

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

6230

Registrar's No.

135

STATE FILE NUMBER

FILED JUL 24 1962

## 1. PLACE OF DEATH

a. COUNTY **Vernon**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Metz Township**

Length of stay in 1b  
**4 years**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **At Home**

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Vernon**

c. CITY OR TOWN **Rich Hill**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
**R#2**

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

**ARTHUR**

**E.**

**COLE**

4. DATE OF DEATH

Month **July** Day **16** Year **1962**

5. SEX  
**M**

6. COLOR OR RACE  
**Wh**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**12-22-1910**

9. AGE (last birthday)  
**51**

IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farming**

10b. KIND OF BUSINESS OR INDUSTRY  
**Joseph L. Pohl Farm**

11. BIRTHPLACE (City and state or country)  
**Montevideo, Minnesota**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**Hiram Cole**

13b. MOTHER'S MAIDEN NAME

**Martha Taylor**

14. NAME OF HUSBAND OR WIFE

**Genevieve Cole**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Mrs. Genevieve Cole, R#2, Rich Hill, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**HEART ATTACK**

INTERVAL BETWEEN ONSET AND DEATH  
**sudden**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
**had been working with calf and overexerted self**

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐  
**none**

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

**1:00 p. m.**

to

**never** and **never** saw him alive on **July 16, 1962**

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Anna E. Ferry**, local registrar **Nevada, Missouri**

**7-19-1962**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**Burial**

**July 18 1962**

**Mt. Calvary Cemetery**

**Nevada**

**Missouri**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Ferry Funeral Home**

**Nevada, Missouri**

**7-20-1962**

**Anna E. Ferry**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 **1080**

2 **1080**

3

4

5 **1**

6

7 **1**

8 **2**

9 **4344**

10

11

12 **90-8**

13 **1-0**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Angler Ferry

Licensed Embalmer No. 4960

P. O. Address Kenada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.